DISCLOSURE OF RELATIVE LOBBYISTS

Tennessee Ethics Commission

→ Pursuant to T.C.A. §2-10-127, this form must be used by members of the general assembly, members-elect of the general assembly, the governor, members of the governor's staff, the secretary of state, the treasurer, and the comptroller of the treasury to disclose to the Tennessee Ethics Commission any siblings, spouses or children who are lobbyists. A separate form must be used to disclose each relative. The form must be filed annually with the Commission no later than February 1st, and must be supplemented as needed within ten (10) days of a change occurring. Failure to properly and timely file this disclosure may constitute a Class C misdemeanor.

CHECK THE APPLICABLE BOX	
New Disclosure Form	☐ Supplemental Disclosure Form
INDIVIDUAL MAKING DISCLOSURE	
a. First and last name of individual BEN WEST TR c. Business address (room, apt., suite no. and street	b. Position or Title of individual STATE REPRESENTATIVE or P.O. box)
2/2 B Mc GAVOCK PIKE d. City, state, zip code	
NASHVILLE, TENN.:	37214 f. Business E-mail (if available)
6/5-874-8653 Disclosur	Selic@Attonet
{A separate form must be used for each relative}	
a. Name of Relative JOHN M. GAY) WEST b. Position of sibling, spouse or child LOBBYIST- DIRECTOR OF	b. Relationship (sibling, spouse or child) BROTHER GOVERNMENTAL RELATIONS, or P.O. box)
5/1 UNION ST. — SUITE 1600 d. City, state, zip code, and telephone 6/5-943-9378	
e. If Supplemental Disclosure, provide a complete description of any information that has changed from the information supplied in the last registration form.	